

1/31/2010 MD

Recd:

JAN 18 2011

NPDES Permit Tracking No.:

MAR05A475

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: B o r g e s F o r e i g n A u t o P a r t s , I n c .

2. NPDES Permit Tracking No.: M A R 0 5 A 4 7 5

3. Facility Physical Address:

a. Street: 2 2 0 0 L e w i s S t .

b. City: D i g h t o n

c. State: M A d. Zip Code: 0 2 7 1 5

4. Lead Inspectors Name: J u a n M a r t i n e z

Title: F i e l d T e c h n i c i a n

Additional Inspectors Name(s):

5. Contact Person: M a n n y B o r g e s

Title: O w n e r

Phone: 8 0 0 - 6 6 2 - 6 1 5 0 Ext. E-mail: b o r g e s a u t o @ a o l . c o m

6. Inspection Date: 1 1 / 1 0 / 2 0 1 0

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

All parameters were below benchmark levels.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

Outfalls are clean. A berm around the facility controls the flow of storm water leaving the property. The detention pond has been dredged out to improve performance, and a stone berm has been added to stabilize the front side of the pond, slow the flow of water entering the pond, and improve sediment control.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA Holding:

1. Brief Description:

Crushed stone area, inside the fence, for storage of newly arrived vehicles

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Dismantling:

1. Brief Description:

Inside area with concrete floor used for dismantling of vehicles

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Fluid Mgt:

Brief Description:

Inside area with concrete floor used for fluid storage. All fluid tanks are either double-walled or in secondary containment.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary**INDUSTRIAL ACTIVITY AREA** Inside Storage:**1. Brief Description:**

Warehouse and shipping containers used for inside parts storage.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Outside Storage:**1. Brief Description:**

Outside areas, some paved with concrete, for storage of sheet metal parts and rear-ends.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Vehicle Storage:**1. Brief Description:**

Area covered with asphalt shavings used for storage of vehicle carcasses. Vehicles are stored in rows on concrete railroad ties.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary**INDUSTRIAL ACTIVITY AREA** Parts Washing:**1. Brief Description:**

Inside area for parts washing in a CLAM-style parts washer. Outside area over concrete where delivery vehicles are pressure-washed with water only.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Core/Scrap:**1. Brief Description:**

Inside area with concrete floor used for storage of cores.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Crushing:**1. Brief Description:**

Bermed asphalt-paved area surrounded by concrete retaining walls to contain any potential spills.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 01 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

The detention pond contained an excessive amount of silt, and the sides of the pond needed stabilization.

5. Date problem identified: 01 / 01 / 2010

6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☒ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The detention pond was dredged out to improve performance. Additional stone was added to stabilize the front side of the pond, and a stone berm was added to slow the flow of water into the pond and improve sediment control.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated: 01 / 01 / 2010

10. Date correction action completed: 11 / 10 / 2010 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

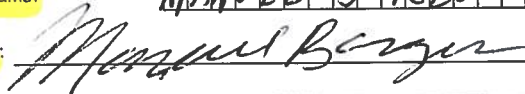
Authorized Representative
Printed Name:

MANUEL BORGES

Title:

PAEA

Signature:



Date Signed:

11/18/2011

James
Environmental
Management, Inc.

U.S. Environmental Protection Agency
Office of water, Water Permits Division
Mail Code 4203 M, ATTN: MSGP Reports
1200 Pennsylvania Avenue NW
Washington, DC 20460

RE: 2010 EPA Annual Report Form
Borges Foreign Auto Parts, Inc.
2200 Lewis Street
Dighton, MA 02715

James Environmental Management, Inc. is pleased to submit, on behalf of Borges Foreign Auto Parts, Inc., the EPA Annual Report Form as required under the National Pollutant Discharge Elimination System (NPDES) Storm Water General Permit.

Should you have any questions or require additional information, please feel free to call our office at the number below.

Sincerely,

A handwritten signature in cursive script that reads "Michael R. James". The signature is written in dark ink and is positioned below the word "Sincerely,".

Michael R. James

CC: Manny Borges